

FILED FEB 27 1942

1003

Registration District No.

Primary Registration District No.

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis Mo.
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St Anthony Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 60 Years.
(Specify whether years, months or days)
 In this community 60 Years.

3. (a) PRINT BEATRICE ZICHA
FULL NAME

3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife FRANK ZICHA 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased 1887
(Month) (Day) (Year)

8. AGE: Years About 55 Months Days If less than one day
hr. min.

9. Birthplace Bohemia
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business House Wife

MOTHER FATHER { 12. Name William Kutina

13. Birthplace Bohemia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Zicha

(b) Address 3728 Fairveiw

17. (a) Burial (b) Date thereof Jan 16th/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director Thos Kutin & Son

(b) Address 12906 Gravois Ave.

19. (a) JAN 15 1942 (b) J. F. Bredet
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3728 Fairview
(If rural, give location)
 (e) Citizen of foreign country? Bohemia (Yes or No) 0
 If yes, name country 40 Years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
 year 1942 hour 9 00 A.M. M.

21. I hereby certify that I attended the deceased from Feb 10 - 1939
 to Jan 13 1942

that I last saw h er alive on Jan 13 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism Duration 1 day

Due to Hypertrophy of Heart

Endocarditis chronic 1939

Due to Aortic Regurgitation
Nephritis glomerular

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operation None PHYSICIAN

Of autopsy None Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury D.M.S

23. Signature J. F. Bredet (M. D. or other) D.M.S
 Address 12906 Gravois Ave. Date signed 1-14-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by David M. Van Fossen, Registered Apprentice No. 280,
working under my personal supervision.

Signed Heo Luteis
Licensed Embalmer No. 1619
P. O. Address 2906 Travis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.